


37131

2-3)	4-16)	17-19)		20-21)	22-23)	24-25)	26-27)	28-29)	30-31)
NJ	0002429	II		74	Dec	1st	1975	Jan	1st
ST	PERMIT NUMBER	DIS	SIC	YEAR	MO	DAY	YEAR	MO	DAY

REPORTING PERIOD: FROM

TO

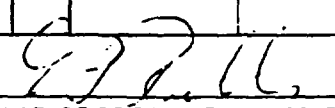
PARAMETER		QUANTITY			
		MINIMUM	AVERAGE	MAXIMUM	UNITS
pH	REPORTED				
	PERMIT CONDITION				
Temperature	REPORTED				
	PERMIT CONDITION				
Total Suspended Solids	REPORTED	under 1,000	15,000	28,000	Gal/day
	PERMIT CONDITION				
	REPORTED				
	PERMIT CONDITION				
	REPORTED	Note: Plant was shut down from December 13			
	PERMIT CONDITION				
	REPORTED				
	PERMIT CONDITION				
	REPORTED				
	PERMIT CONDITION				
	REPORTED				
	PERMIT CONDITION				

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NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		
Reilly	George	P.			1975	Jan	9th
LAST	FIRST	MI	TITLE		YEAR	MO	DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(4 card only)		CONCENTRATION			(64-68)		69-70	
62-63 NO. EX	138-453 MINIMUM	146-531 AVERAGE	154-611 MAXIMUM	UNITS	62-63 NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	10.6	10.9	11.0			3/7	Grab	
	6		11.0					
	35	50	55	OF		3/7	Grab	
		55	60					
	0.8	7.5	12.0	lbs/day		3/7	24 hour composite	
	0.5		18.0					
until after the 1st of the new year.								
I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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